PCF. 17

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTIFICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A PHARMACY

(Regulation 17(1) of The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

Changes to be Made: Superintendent [✓] Other Pharmaceutical Personnel [ ]

A. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY.

A.1. DETAILS OF THE PHARMACY

Name of the Pharmacy..... PRONA PHARMACY .....Facility Identification Number (FIN)..... 0300532

Physical address:

Street..LINDI/KONGO.....Ward..... GEREZANI .....District/Municipal..... ILALA .....Region..DAR ES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..ERASMOS ROBERT LUGORA.....PIN..0103025.....Phone..0764611506

Address....P.O. BOX 9796, DAR ES SALAAM.....Email..erasmus.lugora@gmail.com.....

A.3. REASON(s) FOR CHANGE

..... DELAYING IN PAYMENT FOR 03 MONTHS CONSECUTIVELY .....

Time frame of notification: (As per Contract) ~~AUTOMATIC~~ 30 days Signature..... Date..03/02/2025.....

A.4. OWNER'S DETAILS

Full Name.....

Remarks.....Phone Number.....

Signature..... Date.....

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name .....PIN..... Phone Number.....Email.....

Physical address:

Street.....Ward.....District/Municipal.....Region.....

Details of Previous pharmacy:

Name of Pharmacy.....FIN..... District/Municipal..... Region.....

B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL (To be attached)

(i) Copies of registration certificate and valid license to practice
(ii) Contract Agreement/MOU
(iii) Commitment Letter

C. FOR OFFICIAL USE ONLY

INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations.....

Full Name..... Designation.....Signature.....Date .....

D. NOTE;

Failure to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.

NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.

P.O BOX 9790,
DAR ES SALAAM
03/02/2025.

PHARMACY COUNCIL
RECEIVED
03 FEB 2025
P.O. Box 31818, DAR ES SALAAM

MSAJILI,
BARAZA LA FAMASI
P.O. BOX 1277, DODOMA

Ndugu

YAH: MABADILI YA TAARIFA KATIKA USIMAMIZI WA PRONA PHARMACY

Husika na kichwa cha habari hapo juu, Ninaitwa Mfamasia ERASMUS ROBERT LUGORA mwenye PIN 0103025; Ninaomba kutolewa kama Msimamizi wa Prona pharmacy kutokana Malimbikizo ya Mshahara niliyoyadai Mmiliki wa Prona pharmacy. kwa takribani Miezi Mitatu.

Mmiliki hatoi ushirikiano wa kutosha kwa pale ninapoomba ajaze fomu ili nijitoe kama Msimamizi wa Famasi yake. Ninaomba Mara Moja kutolewa kwenye Mfumo kama Msimamizi wa PRONA PHARMACY.

Ni Matumaini yangu Ombi langu litashughulikiwa

Wako Mtiifu

ERASMUS ROBERT LUGORA
(0764611506)